



# BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)  
Indiana Department of Environmental Management  
Office of Water Quality

☐ Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

**INSTRUCTIONS:** Complete all parts of this form and fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to [wwreports@idem.in.gov](mailto:wwreports@idem.in.gov). Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
Facility Name: (Organization) Town of Highland		Mailing Address: (reporting organization) 3333 Ridge Road		County: Lake	NPDES Permit #: n/a
Individual Making Report: (printed) John M Bach		Telephone Number: 2199725069	Contact Email: jbach@highland.in.gov	Date/Time IDEM Notified: 06/30/2014/9:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
RELEASE INFORMATION					
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)	Latitude: (Deg Min Sec)
06/30/14/7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		07/01/14/7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		MH#1230 @ Johnston School	
06/30/14/7:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		07/01/14/9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		MH#3005 @ Homestead Park	
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(always provide a volume) 977,565 gallons		WWTP Flow During Release: n/a MGD	WWTP Peak Design Flow: n/a MGD
Overflow Type: (select one) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		Describe any damage to aquatic life or receiving stream: None observed			
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 2.32 Inches					
System Component(s): (select one or more) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input checked="" type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other Describe Other: (in the box below)		Additional Description of the Bypass/Overflow Event: Excessive rainfall resulted in a surcharge in the wastewater collection system. Wet weather flows exceeded the capacity of the sanitary lift station that pumps water to the Hammond Sanitary District and WWTP.		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Little Calumet River	
Organizations Notified by Facility: (select one or more) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area: (Select one or more of the following, then add a written description) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other					
Resolution: Actions Taken or Planned to Prevent Recurrence: The Highland Sanitary District is aggressively implementing sanitary sewer improvements to identify and remove sources of I/I. Those projects include foundation drain separation, sanitary sewer rehabilitation (CIPP), manhole lining, and sewer replacement.					

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

## CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE:

DATE (month, day, year):

7/3/14



## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)  
Indiana Department of Environmental Management  
Office of Water Quality

☐ Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

**INSTRUCTIONS:** Complete all parts of this form and fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to [wwreports@idem.in.gov](mailto:wwreports@idem.in.gov). Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

### GENERAL INFORMATION

Facility Name: (Organization) Town of Highland	Mailing Address: (reporting organization) 3333 Ridge Road	County: Lake	NPDES Permit #: n/a	Permit Outfall n/a
Individual Making Report: (printed) John M Bach	Telephone Number: 2199725069	Contact Email: jbach@highland.in.gov	Date/Time IDEM Notified: 06/30/2014/9:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

### RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began: 06/30/14/8:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Date (mm/dd/yy) & Time Release Stopped: 07/01/14/6:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Location of Release: (streets address or Manhole, Lift Station, Force Main etc.) MH#1345 @ 8505 5 <sup>th</sup> Street	Latitude: (Deg Min Sec)	Longitude: (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Amount of Flow Released: Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual	(always provide a volume) 112,997 gallons	WWTP Flow During Release: n/a MGD	WWTP Peak Design Flow: n/a MGD
--	--	--------------------------------------	-----------------------------------

Overflow Type: (select one) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: None observed
---	---

Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 2.32 Inches
--

System Component(s): (select one or more) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input checked="" type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: Excessive rainfall resulted in a surcharge in the wastewater collection system. Wet weather flows exceeded the capacity of the sanitary lift station that pumps water to the Hammond Sanitary District and WWTP.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Little Calumet River
--	--	---

Organizations Notified by Facility: (select one or more) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:
---

Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area: (Select one or more of the following, then add a written description) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other
---

Resolution: Actions Taken or Planned to Prevent Recurrence: The Highland Sanitary District is aggressively implementing sanitary sewer improvements to identify and remove sources of I/I. Those projects include foundation drain separation, sanitary sewer rehabilitation (CIPP), manhole lining, and sewer replacement.
--

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

### CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE:  DATE (month, day, year): 7/3/14



## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)  
Indiana Department of Environmental Management  
Office of Water Quality

☐ Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

**INSTRUCTIONS:** Complete all parts of this form and fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to [wwreports@idem.in.gov](mailto:wwreports@idem.in.gov). Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
Facility Name: (Organization) Town of Highland		Mailing Address: (reporting organization) 3333 Ridge Road		County: Lake	NPDES Permit #: n/a
Individual Making Report: (printed) John M Bach		Telephone Number: 2199725069	Contact Email: jbach@highland.in.gov	Date/Time IDEM Notified: 06/30/2014/9:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
RELEASE INFORMATION					
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)	Latitude: (Deg Min Sec)
06/30/14/11:30 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM		07/01/14/3:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3" Pump Duluth St and Grace Pl	
07/01/14/1:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		07/01/14/1:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		12" Pump - N 5 <sup>th</sup> Street Pump Sta	
Amount of Flow Released: Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual		(always provide a volume) 228,000 gallons		WWTP Flow During Release: n/a MGD	WWTP Peak Design Flow: n/a MGD
Overflow Type: (select one) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		Describe any damage to aquatic life or receiving stream: None observed			
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 2.32 inches					
System Component(s): (select one or more) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input checked="" type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other Describe Other: (in the box below)		Additional Description of the Bypass/Overflow Event: Rainfall resulted in a surcharge in the wastewater collection system. Wet weather flows exceeded the capacity of the sanitary lift station that pumps water to the Hammond Sanitary District and WWTP. Pump rated at 4,000 GPM and 450 GPM, respectively.		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Little Calumet River	
Organizations Notified by Facility: (select one or more) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area: (Select one or more of the following, then add a written description) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other					
Resolution: Actions Taken or Planned to Prevent Recurrence: The Highland Sanitary District is aggressively implementing sanitary sewer improvements to identify and remove sources of I/I. Those projects include foundation drain separation, sanitary sewer rehabilitation (CIPP), manhole lining, and sewer replacement.					

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

### CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: \_\_\_\_\_

DATE (month, day, year): 7/3/14